249780

STATE OF SOUTH CAROLINA								
(Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo				BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA )				
pol	icohan for	Class C Amende	mart form	TRANSPORTATION COVER SHEET				
For Name Change from Paradise Transportation LR ECEIVED  DBA Access Taxi  APR - 1 2014				If this is your first time filing an application with the PSC, you will not				
			TRANS DEPT	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.				
(Please type or print Submitted by: Address:		Parceline Trans 2407 Hilburn Morth Murthe Dear	St L.Sc. 29582	Telephone: Fax: Other: Email:	<u>843-957-4108</u>			
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.  NATURE OF ACTION (Check all that apply)								
	Application	- Class C Taxi			Request to Amend Scope of Anthority			
	Application - Class C Charter			Request to Amend Tariff (rate increase, etc.)				
	Application - Class C Charter Bus				Request to Amend Passenger Limit			
	Application -	Application - Class C Non-Emergency			Request			
	Application -	Application - Class E Household Goods			Exhibit			
	Application -	- Class E Hazardous	Waste		Late-Filed Exhibit			
	Application				Letter			
	Request for F	extension to Comply	with Order		Proposed Order			
	Request for C Public Conve	order Granting Authorience and Necessit	ority to Obtain Certificate of ty to Be Rescinded		Publisher's Affidavit			
	Request for C	Cancellation of Certi	ficate		Reservation Letter			
	Request for S	uspension			Response			
	Request for R	equest for Reinstatement			Return to Petition			
X	Request for N	ame Change on Cer	tificate		Other:			

If you have any questions about this form, please contact the FUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM							
ine the original MKV:			Mail or fax a copy to				
Public Service Commission of South Car Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211	olina		S.C. Office of Regulatory Staf Transportation Departmen 1401 Main Street, Suite 900 Columbia, S.C. 2920				
		CEIVED	(803) 737-0578 FAX (803) 737-0815				
DATE: 33114	Al	<del>R -1 2014</del>	·				
I have the following Certificate:	TRA	NS DEPT					
Class C Taxl #_8840 Class C (	Charter#		Class C Charter Bus #				
Class C Non-Emergency #							
Please consider this as my request for the f	following	amendment(s) to n	ny Certificate:				
Name Change							
From: Parodise Transportation LLC	DI	BA: Access Toxi					
(Current Name)		(Cu	irrent DBA if applicable)				
TO: Paradise Transportation LLC (New Name)	DB/	1: Tuna's Tax.					
		(Ne	ew DBA if applicable)				
Scope of Authority							
(Current Scope)	То		w Scope)				
Passenger Limit		(110	w ocope)				
From:	То:	<b>:</b>					
(Current Limit Number)		(New L	îmit Number)				
Torodice Transmitter 11 DRAG To		الماراد حماد الم	Cata				
Vame & DBA if DBA is applicable)		3407 H: 16 (Street and/o	r Mailing Address)				
York Myrtle Jeach SC 29582 (City, State, ZIp Code)	_		Ly				
(City, State, Zip Code)		(Şi)	nature)				
843-957-4108	_	Mah	- Despress Sunda				
(Telephone Number)		(Ule)	wner, President, etc.				

Revised 3-2-10